

Procter & Gamble – I.P. Division**IMPORTANT CONFIDENTIALITY NOTICE**

The documents accompanying this telecopy transmission contain confidential information belonging to the sender which is legally protected. The information is intended only for the use of the individual or entity named below. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution or the taking of any action in reliance on the contents of this telecopied information is strictly prohibited. If you have received this telecopy in error, please immediately notify us by telephone (collect) to arrange for return of the telecopied document to us.

**FACSIMILE TRANSMITTAL SHEET AND
CERTIFICATE OF TRANSMISSION UNDER 37 CFR 1.8****TO: Examiner Loma M. Douyon – United States Patent and Trademark Office**

Fax No. (703) 872-9306 Phone No. (703) 305-3773

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office on April 19, 2004 to the above-identified facsimile number.

 (Signature)**FROM: Armina E. Matthews (Typed or printed name of person signing Certificate)**

Fax No. (513) 627-8118

Phone No. (513) 627-4210

Listed below are the item(s) being submitted with this Certificate of Transmission:**

- 1) Fee Transmittal (original + 1 copy)
- 2) Petition for Extension of Time (original + 1 copy)
- 3) Amendment and Reply (9 pages)
- 4)

Number of Pages Including this Page: 14

Inventor(s): Boutique, et al.

S.N.: 10/048,081

Filed: January 24, 2002

Case: 7694X

**RECEIVED
CENTRAL FAX CENTER****APR 19 2004**Comments:**OFFICIAL**

**Note: Each paper must have its own certificate of transmission, OR this certificate must identify each submitted paper.



FEE TRANSMITTAL f r FY 2004 Patent fees are subject to annual revision.	Complete if Known	
	Application Number	10/048,081
	Confirmation Number	1654
	Filing Date	January 24, 2002
	First Named Inventor	Jean-Pol Boutique
	Examiner Name	Lorna M. Douyon
	Art Unit	1751
TOTAL AMOUNT OF PAYMENT (\$) 420.00		Attorney Docket No. 7654X

METHOD OF PAYMENT		FEE CALCULATION (continued)																																																																																																																																	
1. <input checked="" type="checkbox"/> The Director is hereby authorized to charge indicated fees submitted on this form, credit any over payments, and charge any additional fee(s) during the pendency of this application to: Deposit Account Number: 16-2480 Deposit Account Name: The Procter & Gamble Company		3. ADDITIONAL FEES <table border="1"> <thead> <tr> <th>Code</th> <th>(\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>1051</td><td>130</td><td>Surcharge-late filing fee or oath</td><td><input type="checkbox"/></td></tr> <tr><td>1052</td><td>50</td><td>Surcharge-late provisional filing fee or cover sheet</td><td><input type="checkbox"/></td></tr> <tr><td>1053</td><td>130</td><td>Non-English specification</td><td><input type="checkbox"/></td></tr> <tr><td>1812</td><td>2,520</td><td>For filing a request for ex parte reexamination</td><td><input type="checkbox"/></td></tr> <tr><td>1804</td><td>920*</td><td>Requesting publication of SIR prior to Examiner's action</td><td><input type="checkbox"/></td></tr> <tr><td>1805</td><td>1,840*</td><td>Requesting publication of SIR after Examiner's action</td><td><input type="checkbox"/></td></tr> <tr><td>1251</td><td>110</td><td>Extension for reply within 1st month</td><td><input type="checkbox"/></td></tr> <tr><td>1252</td><td>420</td><td>Extension for reply within 2nd month</td><td><input checked="" type="checkbox"/></td></tr> <tr><td>1253</td><td>950</td><td>Extension for reply within 3rd month</td><td><input type="checkbox"/></td></tr> <tr><td>1254</td><td>1,480</td><td>Extension for reply within 4th month</td><td><input type="checkbox"/></td></tr> <tr><td>1255</td><td>2,010</td><td>Extension for reply within 5th month</td><td><input type="checkbox"/></td></tr> <tr><td>1401</td><td>330</td><td>Notice of Appeal</td><td><input type="checkbox"/></td></tr> <tr><td>1402</td><td>330</td><td>Filing a brief in support of an appeal</td><td><input type="checkbox"/></td></tr> <tr><td>1403</td><td>290</td><td>Request for oral hearing</td><td><input type="checkbox"/></td></tr> <tr><td>1451</td><td>1,510</td><td>Petition to institute a public use proceeding</td><td><input type="checkbox"/></td></tr> <tr><td>1452</td><td>110</td><td>Petition to revive - unavoidable</td><td><input type="checkbox"/></td></tr> <tr><td>1453</td><td>1,330</td><td>Petition to revive - unintentional</td><td><input type="checkbox"/></td></tr> <tr><td>1501</td><td>1,330</td><td>Utility issue fee (or reissue)</td><td><input type="checkbox"/></td></tr> <tr><td>1502</td><td>480</td><td>Design issue fee</td><td><input type="checkbox"/></td></tr> <tr><td>1460</td><td>130</td><td>Petitions to the Commissioner</td><td><input type="checkbox"/></td></tr> <tr><td>1807</td><td>50</td><td>Processing fee under 37 C.F.R. 1.17(q)</td><td><input type="checkbox"/></td></tr> <tr><td>1806</td><td>180</td><td>Submission of Information Disclosure Statement</td><td><input type="checkbox"/></td></tr> <tr><td>1809</td><td>770</td><td>Filing a submission after final rejection (37 CFR § 1.129(a))</td><td><input type="checkbox"/></td></tr> <tr><td>1810</td><td>770</td><td>For each additional invention to be examined (37 CFR §1.129(b))</td><td><input type="checkbox"/></td></tr> <tr><td>1801</td><td>770</td><td>Request for Continued Examination (RCE)</td><td><input type="checkbox"/></td></tr> <tr><td>1802</td><td>900</td><td>Request for expedited examination of a design application</td><td><input type="checkbox"/></td></tr> <tr><td>1454</td><td>1330</td><td>Acceptance of unintentionally delayed claim for priority under 35 U.S.C. 119, 120, 121, or 365 (a) or (c)</td><td><input type="checkbox"/></td></tr> <tr><td colspan="3">Other fee (specify) _____</td><td><input type="checkbox"/></td></tr> <tr><td colspan="3">Other fee (specify) _____</td><td><input type="checkbox"/></td></tr> <tr><td colspan="3">* Reduced by Basic Filing Fee Paid</td><td></td></tr> <tr><td colspan="3">SUBTOTAL(3)</td><td>(\$)420</td></tr> </tbody> </table>		Code	(\$)	Fee Description	Fee Paid	1051	130	Surcharge-late filing fee or oath	<input type="checkbox"/>	1052	50	Surcharge-late provisional filing fee or cover sheet	<input type="checkbox"/>	1053	130	Non-English specification	<input type="checkbox"/>	1812	2,520	For filing a request for ex parte reexamination	<input type="checkbox"/>	1804	920*	Requesting publication of SIR prior to Examiner's action	<input type="checkbox"/>	1805	1,840*	Requesting publication of SIR after Examiner's action	<input type="checkbox"/>	1251	110	Extension for reply within 1 st month	<input type="checkbox"/>	1252	420	Extension for reply within 2 nd month	<input checked="" type="checkbox"/>	1253	950	Extension for reply within 3 rd month	<input type="checkbox"/>	1254	1,480	Extension for reply within 4 th month	<input type="checkbox"/>	1255	2,010	Extension for reply within 5 th month	<input type="checkbox"/>	1401	330	Notice of Appeal	<input type="checkbox"/>	1402	330	Filing a brief in support of an appeal	<input type="checkbox"/>	1403	290	Request for oral hearing	<input type="checkbox"/>	1451	1,510	Petition to institute a public use proceeding	<input type="checkbox"/>	1452	110	Petition to revive - unavoidable	<input type="checkbox"/>	1453	1,330	Petition to revive - unintentional	<input type="checkbox"/>	1501	1,330	Utility issue fee (or reissue)	<input type="checkbox"/>	1502	480	Design issue fee	<input type="checkbox"/>	1460	130	Petitions to the Commissioner	<input type="checkbox"/>	1807	50	Processing fee under 37 C.F.R. 1.17(q)	<input type="checkbox"/>	1806	180	Submission of Information Disclosure Statement	<input type="checkbox"/>	1809	770	Filing a submission after final rejection (37 CFR § 1.129(a))	<input type="checkbox"/>	1810	770	For each additional invention to be examined (37 CFR §1.129(b))	<input type="checkbox"/>	1801	770	Request for Continued Examination (RCE)	<input type="checkbox"/>	1802	900	Request for expedited examination of a design application	<input type="checkbox"/>	1454	1330	Acceptance of unintentionally delayed claim for priority under 35 U.S.C. 119, 120, 121, or 365 (a) or (c)	<input type="checkbox"/>	Other fee (specify) _____			<input type="checkbox"/>	Other fee (specify) _____			<input type="checkbox"/>	* Reduced by Basic Filing Fee Paid				SUBTOTAL(3)			(\$)420
Code	(\$)	Fee Description	Fee Paid																																																																																																																																
1051	130	Surcharge-late filing fee or oath	<input type="checkbox"/>																																																																																																																																
1052	50	Surcharge-late provisional filing fee or cover sheet	<input type="checkbox"/>																																																																																																																																
1053	130	Non-English specification	<input type="checkbox"/>																																																																																																																																
1812	2,520	For filing a request for ex parte reexamination	<input type="checkbox"/>																																																																																																																																
1804	920*	Requesting publication of SIR prior to Examiner's action	<input type="checkbox"/>																																																																																																																																
1805	1,840*	Requesting publication of SIR after Examiner's action	<input type="checkbox"/>																																																																																																																																
1251	110	Extension for reply within 1 st month	<input type="checkbox"/>																																																																																																																																
1252	420	Extension for reply within 2 nd month	<input checked="" type="checkbox"/>																																																																																																																																
1253	950	Extension for reply within 3 rd month	<input type="checkbox"/>																																																																																																																																
1254	1,480	Extension for reply within 4 th month	<input type="checkbox"/>																																																																																																																																
1255	2,010	Extension for reply within 5 th month	<input type="checkbox"/>																																																																																																																																
1401	330	Notice of Appeal	<input type="checkbox"/>																																																																																																																																
1402	330	Filing a brief in support of an appeal	<input type="checkbox"/>																																																																																																																																
1403	290	Request for oral hearing	<input type="checkbox"/>																																																																																																																																
1451	1,510	Petition to institute a public use proceeding	<input type="checkbox"/>																																																																																																																																
1452	110	Petition to revive - unavoidable	<input type="checkbox"/>																																																																																																																																
1453	1,330	Petition to revive - unintentional	<input type="checkbox"/>																																																																																																																																
1501	1,330	Utility issue fee (or reissue)	<input type="checkbox"/>																																																																																																																																
1502	480	Design issue fee	<input type="checkbox"/>																																																																																																																																
1460	130	Petitions to the Commissioner	<input type="checkbox"/>																																																																																																																																
1807	50	Processing fee under 37 C.F.R. 1.17(q)	<input type="checkbox"/>																																																																																																																																
1806	180	Submission of Information Disclosure Statement	<input type="checkbox"/>																																																																																																																																
1809	770	Filing a submission after final rejection (37 CFR § 1.129(a))	<input type="checkbox"/>																																																																																																																																
1810	770	For each additional invention to be examined (37 CFR §1.129(b))	<input type="checkbox"/>																																																																																																																																
1801	770	Request for Continued Examination (RCE)	<input type="checkbox"/>																																																																																																																																
1802	900	Request for expedited examination of a design application	<input type="checkbox"/>																																																																																																																																
1454	1330	Acceptance of unintentionally delayed claim for priority under 35 U.S.C. 119, 120, 121, or 365 (a) or (c)	<input type="checkbox"/>																																																																																																																																
Other fee (specify) _____			<input type="checkbox"/>																																																																																																																																
Other fee (specify) _____			<input type="checkbox"/>																																																																																																																																
* Reduced by Basic Filing Fee Paid																																																																																																																																			
SUBTOTAL(3)			(\$)420																																																																																																																																
FEE CALCULATION 1. BASIC FILING FEE - Large Entity <table border="1"> <thead> <tr> <th>Code</th> <th>(\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>1001</td><td>770</td><td>Utility filing fee</td><td><input type="checkbox"/></td></tr> <tr><td>1002</td><td>340</td><td>Design filing fee</td><td><input type="checkbox"/></td></tr> <tr><td>1004</td><td>770</td><td>Reissue filing fee</td><td><input type="checkbox"/></td></tr> <tr><td>1005</td><td>160</td><td>Provisional filing fee</td><td><input type="checkbox"/></td></tr> <tr><td colspan="3">SUBTOTAL (1)</td><td>(\$)0</td></tr> </tbody> </table>		Code	(\$)	Fee Description	Fee Paid	1001	770	Utility filing fee	<input type="checkbox"/>	1002	340	Design filing fee	<input type="checkbox"/>	1004	770	Reissue filing fee	<input type="checkbox"/>	1005	160	Provisional filing fee	<input type="checkbox"/>	SUBTOTAL (1)			(\$)0	2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE - Large Entity <table border="1"> <thead> <tr> <th></th> <th>Extra Claims</th> <th>Fee from Below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>Total Claims</td><td><input type="checkbox"/> - 20** = <input type="checkbox"/> x <input type="checkbox"/></td><td>=</td><td><input type="checkbox"/></td></tr> <tr><td>Independent Claims</td><td><input type="checkbox"/> - 3** = <input type="checkbox"/> x <input type="checkbox"/></td><td>=</td><td><input type="checkbox"/></td></tr> <tr><td>Multiple Dependent</td><td><input type="checkbox"/></td><td>=</td><td><input type="checkbox"/></td></tr> <tr><td colspan="4">** or number previously paid, if greater; For Reissues, see below</td></tr> <tr><td colspan="4">Code (\$)</td></tr> <tr><td colspan="4">1202 18 Claims in excess of 20</td></tr> <tr><td colspan="4">1201 86 Independent claims in excess of 3</td></tr> <tr><td colspan="4">1203 290 Multiple dependent claim, if not paid</td></tr> <tr><td colspan="4">1204 86 **Reissue independent claims over original patent</td></tr> <tr><td colspan="4">1205 18 **Reissue claims in excess of 20 & over original patent</td></tr> <tr><td colspan="3">SUBTOTAL (2)</td><td>(\$)0</td></tr> </tbody> </table>			Extra Claims	Fee from Below	Fee Paid	Total Claims	<input type="checkbox"/> - 20** = <input type="checkbox"/> x <input type="checkbox"/>	=	<input type="checkbox"/>	Independent Claims	<input type="checkbox"/> - 3** = <input type="checkbox"/> x <input type="checkbox"/>	=	<input type="checkbox"/>	Multiple Dependent	<input type="checkbox"/>	=	<input type="checkbox"/>	** or number previously paid, if greater; For Reissues, see below				Code (\$)				1202 18 Claims in excess of 20				1201 86 Independent claims in excess of 3				1203 290 Multiple dependent claim, if not paid				1204 86 **Reissue independent claims over original patent				1205 18 **Reissue claims in excess of 20 & over original patent				SUBTOTAL (2)			(\$)0																																																								
Code	(\$)	Fee Description	Fee Paid																																																																																																																																
1001	770	Utility filing fee	<input type="checkbox"/>																																																																																																																																
1002	340	Design filing fee	<input type="checkbox"/>																																																																																																																																
1004	770	Reissue filing fee	<input type="checkbox"/>																																																																																																																																
1005	160	Provisional filing fee	<input type="checkbox"/>																																																																																																																																
SUBTOTAL (1)			(\$)0																																																																																																																																
	Extra Claims	Fee from Below	Fee Paid																																																																																																																																
Total Claims	<input type="checkbox"/> - 20** = <input type="checkbox"/> x <input type="checkbox"/>	=	<input type="checkbox"/>																																																																																																																																
Independent Claims	<input type="checkbox"/> - 3** = <input type="checkbox"/> x <input type="checkbox"/>	=	<input type="checkbox"/>																																																																																																																																
Multiple Dependent	<input type="checkbox"/>	=	<input type="checkbox"/>																																																																																																																																
** or number previously paid, if greater; For Reissues, see below																																																																																																																																			
Code (\$)																																																																																																																																			
1202 18 Claims in excess of 20																																																																																																																																			
1201 86 Independent claims in excess of 3																																																																																																																																			
1203 290 Multiple dependent claim, if not paid																																																																																																																																			
1204 86 **Reissue independent claims over original patent																																																																																																																																			
1205 18 **Reissue claims in excess of 20 & over original patent																																																																																																																																			
SUBTOTAL (2)			(\$)0																																																																																																																																

SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	Armina E. Matthews	Registration No. (Attorney/Agent)	43,780
Signature		Telephone	(513) 627-4210
		Date	April 19, 2004

+ This collection of information is required by 37 CFR 1.17. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 102 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon individual use. Any comments on the amount of time you are required to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P. O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1456, Alexandria, VA 22313-1456.

FeeTrans.doc (Revised for P&G use 9/22/2003)